

Case Number:	CM15-0149849		
Date Assigned:	08/12/2015	Date of Injury:	03/05/2012
Decision Date:	09/14/2015	UR Denial Date:	07/19/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old female, who sustained an industrial injury on 3-05-2012, resulting from a motor vehicle accident. The injured worker was diagnosed as having other chronic pain, cervical disc displacement without myelopathy, thoracic sprain-strain, and lumbar sprain-strain. Treatment to date has included diagnostics, physical therapy, functional restoration program, and medications. Currently, the injured worker complains of low back pain with radiation to her right hip. Pain was not rated. She reported doing much better since her previous visit and attributed this to massage and physical therapy. She reported self-paying for a gym membership in order to do self-guided aqua therapy. She requested to use the pool at the physical therapy facility since the water was warmer. She continued to work full time as a music teacher. She continued to avoid oral medications, noting sensitivity to side effects. She used Diclofenac cream, as well as Capsaicin cream, with benefit. The use of these medications was noted since at least 1-2015. A review of symptoms was negative for gastrointestinal complaints and positive for anxiety, poor concentration, and numbness. Exam noted an anxious mood and affect. The muscle tone of the trapezius was increased and there was palpable tenderness. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac Sodium 1.5% 60gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical diclofenac sodium specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The injured worker complains of low back pain. Furthermore, the medical records indicate that she has been using this medication since at least 1/2015. The request is not medically necessary.